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EFS ID:

12719

Application ID:

09682838

Title of Invention:

Apparatus and Method for Processing Multiple arrays of

Biological Probes

First Named Inventor:

David Lockhart

Domestic/Foreign Application:

Domestic Application

Filing Date:

null

Effective Receipt Date:

2001-10-23

Submission Type:

Utility Patent Filing

Filing Type:

new-utility

Confirmation Number:

0

Attorney Docket Number:

3370.1

Digital Certificate Holder:

cn=Alan B. Sherr, ou=Registered Attorneys, ou=Patent and Trademark

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Total Fees Authorized:

\$1266.0

Payment Category:

DA - Deposit Account

Deposit Account Number:

10431

Deposit Account Name:

Alan B. Sherr

TRANSMITTAL FORM



Electronic Version 1.0.2

Stylesheet Version: 1.0

Attorney Docket Number:

3370.1

Apparatus and Method for Processing Multiple arrays of Biological Probes

First Named Inventor: Dr. David J. Lockhart

SUBMITTED BY

Name:

Mr. Alan B. Sherr

Registration Number:

42,147

Electronic Signature Mark: /Alan B.

Sherr/

Date Signed: 20011023

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Attached Files:

bibd-transmittal

3370apds.xml

fee-transmittal

3370fee.xml

specification

3370.1_xml_spec.xml

declaration

decl - lockhart, pg1.tif

declaration

decl - lockhart, pg2.tif

declaration

decl - additional inventor- zarrinkar.tif

declaration

decl - additional inventor - mainquist, pg1.tif

patent-assignment

3370asgn.xml

Attached Image File(s):

decl - lockhart, pg1.tif

decl - lockhart, pg2.tif

decl - additional inventor- zarrinkar.tif

decl - additional inventor - mainquist, pg1.tif

Comments:

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PTO/SB/01 (12-97)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

OR

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☐Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Num	ber	3370.1	
First Named Inventor		David J. Lockhar	t
CO	MPL	ETE IF KNOWN	
Application Number		1	
Filing Date	10/2	23/2001	
Group Art Unit		_	
Examiner Name			

As a below named inventor, I hereby dealare that:							
My residence, post office address, and citizenship are as stated below next to my name.							
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
Apparatus and Met	hod for Processing	Multiple Arrays of Blo	ological Probe	?S			
the specification of which	(Title of	lhe Invention)					
is attached hereto							
OR							
was tiled on (MMADID)	~m [ge United States Ay	prication Number o	or FCT Internations	al .		
Application Number	an	d was amended on (MM/DD/Y	YYY)	(1)	f applicable).		
I hereby state that I have raview specifically referred to above.	ved and understand the conf	lents of the above identified sp	edification, includin	g the claims es an	nended		
I soknowledge the duty to discid	nse information which is mat	erial to palentability as defined	I In 37 CFR 1.56				
I hereby claim foreign priority b or 365(a) of any PCT internatio and have also identified below, application having a filing date to	nal application which design	rated at least one country other	ar than the Linked S	States of America	listed holow		
Prior Foreign Application	Coto.	Foreign Filing Date	Priority	Certified Copy	Atlached?		
Number(s)	Country	(MM/DD/YYYY) Country	Not Claimed	YES	NO		
			U				
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:							
Additional foreign application	numbers are listed on a sur	ppiemental priority data sheet i	PTO/SB/02B attach	ned hereta:			
heraby claim the bonefit under ApplicationNumber(s)	35 U.S.C. 119(e) of any Uni						

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

by claim the benefit under 35 U.S.C. 120 of any United States application(c), or 3650 of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the dislims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the (fing date of the prior application and the national or PCT infarnational filing date of this application. U.S. Parent Application or PCT Parent Parent Filing Date **Parent Patent Number** Number (MM/DD/YYYY) (if applicable) Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the ☑ Customer Number 22888 Place Customer Patent and Trademark Office connected Number Bar Code Label here Registered practitioner(s) name/registration number listed below Registration Registration Name Name Number Number Philip L. McGarrigle 31,395 Wei Zhou 44.419 Alan B. Sherr 42,147 Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: Customer Number 2288R OR Correspondence address below or Bar Code Label Name Affymetrix, Inc. Address General IP Counsel - Legal Department Address 3380 Central Expressway City Santa Clara State 95051 Country USA Telephone 408/731-5000 408/731-5392 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are pumenable by now or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor. A petition has been filed for this unsigned inventor Given Name (first and middle (if any)) Family Name or Surname Davidy. Lockhart Inventor's Date Signature 10/19/01 Residence: City Del Mar State CA Country USA Citizenship Post Office Address 510 Torrey Point Road Post Office Address

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

ZIP

92014

City

State

CA

Mar

USA

Country

Please type a plus aign (+) inside this box ——

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any	🔲 A petition has been filed for this unsigned inventor				
Given Name (first and mks	dle (if any))	F	omily Name or Sumome		
Patrick P.		Zarrinkar			
inventor's Roth Fan			Date 10-18-0)		
Residence: City San Diego	State CA	Country	USA Chizenship		
Mailing Address 8550 Costa Verde	9 9 1vd., #5221				
Mailing Address					
City San Diego	CA State	92122 ZIP	USA Country		
Name of Additional Joint Inventor, if an	7:	☐ A pelition has been filed for this unalgned inventor			
Given Name (first and mid	dle [if any])	Fe	mily Name or Sumeme		
		<u> </u>			
Inecutor's Signature			Date		
Residence: City	State	Country	Citizenship		
Malling Address					
Malling Address					
City	State	Zip	Country		
Name of Additional Joint Inventor, if any	Name of Additional Joint Inventor, if say:				
Given Name (first and mid	al and middle [if any]) Family Name or Si		mily Name or Surname		
Inventor's Signature Date					
Residence: City	State	Country	Citizenship		
Mailing Address					
Mailing Address					
City	State	Zlp	Country		
Sunday Mary Craramant, This face is anti-act					

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page _____ of ____

Name of Additional Joint Inventor, if any:	A petition has been filed for this unsigned inventor					
Given Name (first and middl	st and middle (if anyl)		Family Name or Surname			
inventor's Signature	Date			Date		
Residence: City	State	Cov	ntry		Cltizenship	
Malling Address						
Mailing Address						
Čity	State	ZIP		Co	untry	
Name of Additional Joint Inventor, if any:	☐ A petition has been filed for this unsigned inventor					
Given Name (first and middle	die (if anvi) Family Name or Surname			Name or Sumame		
James K.	Mainquist					
Inventor's Signature Stane	M. Manyfrut Date October 23, 2001					
Residence: City San Diego	State CA	Cou	intry USA		Citizenship USA	
Mailing Address 12895 Aida Street						
Mailing Address					•	
City San Diego	State GA .	Ζ'n	92130	Co	untry	
Name of Additional Joint Inventor, if any:		0	A petition has been filed	for	this unsigned inventor	
Givan Name (first and middle [if any]) Family Name or Surname		Name or Surname				
Inventor's Signature Date						
Residence: City	Stine	Cou	intry		Citizenship	
Malling Address						
Mailing Address						
City	State		Zip	C	ountry	

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SUBMITTED BY

Authorized Name:

Alan B. Sherr

Electronic Signature Mark:

/Alan B. Sherr/

Date Signed:

20011023

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	101	\$ 740

Subtotal For Basic Filing Fee: \$ 740

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 33	103	\$ 18	13	\$ 234
Independent Claims: 6	102	\$ 84	3	\$ 252

Subtotal For Extra Claims Fees: \$ 486

ADDITIONAL FEES

Fee Description	Fee Code	Fee Paid
Recording Each Patent Assignment Per Property Fee	581	\$ 40

Subtotal For Additional Fees: \$ 40